Schedule E)	PAGE 1 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M - M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report New report Amends rep	port filed on
Full Name of Payee Belinda Blake	Date of Public Distribution/Dissemination
	07 03 2014
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	20.00
Char NC 28215	Transaction ID: 370ffed1-3a13-4d88-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	07 03 / Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	7.20
Char NC 28215	Transaction ID : eece187d-7aab-4cf4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	2 07 03 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 General Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da Signature	tte 07 06 7 2014

Schedule E)	LIVI EXI EIVE	ATOTILO	PAGE 2 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	40.00
Spruce Pine	NC	28777	Transaction ID : e1eb2631-3cd7-4012-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 03 7 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	11.40
Spruce Pine	NC	28777	Transaction ID : c02f6174-e7b9-4886-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 51.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 7 2014
Signaturo			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 3 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			07 03 7 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	35.00
Burlington	NC	27215	Transaction ID : 3b2c6759-14e9-4a14-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	3.00
Burlington	NC	27215	Transaction ID : 2eaf4b63-411d-4cf3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 38.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Schedule E)	LIVI EXI EIVE	TIONES	_	PAGE 4 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
James Kindstedt			M M /	03 / 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		25.00
Winston Salem	NC	27105		: 29acd081-c141-40d8-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	146434.73	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
James Kindstedt			07	03 / 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		9.42
Winston Salem	NC	27105		23035241-6c59-4c88-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			34.42
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	-
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 06	2014
5.g				

Schedule E)	DEFENDENT EXPEND	DITONES	PAGE 5 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48	hour report New re	port Amends repo	t filed on
Full Name of Payee Brandon Ward			Date of Public Distribution/Dissemination
Mailing Address 2838 Red Cut Loc	pp Rd		07 03 2014 Amount
City	State	Zip Code	30.00
West Monroe	LA	71292	Transaction ID : 354c4b44-877c-4902-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sough		48481.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Ward			07 03 7 2014
Mailing Address 2838 Red Cut L	oop Rd		Amount
City	State	Zip Code	10.20
West Monroe	LA	71292	Transaction ID : dc900275-11c0-4944-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sough		48481.93	Disbursement For:
(a) SUBTOTAL of Itemized Indeper	ndent Expenditures		40.20
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		>
(c) TOTAL Independent Expenditure	98		>
	n of, any candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07
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Schedule E)		PAGE 6 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
	Amerius report illeu on	
Full Name of Payee Caleb Craig	Dat	te of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive	Am	ount
City State Zip (Code	30.00
Lenoir NC 2864	45 Tra	insaction ID: 98094aae-f2e0-4ada-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Car	tegory/ Type 001	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District:00
Ms. Kay Hagan	Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	4.73 Disbursem	nent For:
Full Name of Payee	Da	te of Public Distribution/Dissemination
Caleb Craig		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive	Am	nount
City State Zip	Code	5.70
Lenoir NC 286	45 Trar	nsaction ID : 545e1c4e-5359-4a6f-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	tegory/ Type 002	07 03 7 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	X Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	6434.73 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	35.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 07	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	IN EXICIO	TIONES		PAGE 7 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Rebecca Deucher			07 /	03 / 2014
Mailing Address 4800 Vass Carthage Rd			Amount	
City	State	Zip Code		60.00
Carthage	NC	28394		9 : 49e44655-7fdb-47ef-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Rebecca Deucher			07 /	03 / 2014
Mailing Address 4800 Vass Carthage Rd			Amount	
City	State	Zip Code		13.80
Carthage	NC	28394		: 7758ff45-20c8-44df-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	146434.73	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures			73.80
//s) CURTOTAL of Unitersized Independent Function	alikuwa a		7	
(b) SUBTOTAL of Unitemized Independent Exper	iditures)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / D D D D D D D D D D D D D D D D D D	2014
5.ga.a. 5				

Schedule E)	INT EXTERE	TIONES	<u> </u>	PAGE 8 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Francesca Blom			M M /	03 / 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		40.00
Winchester	VA	22602		: 0ae49955-1d98-4103-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeremy Hollar			M M /	03 / 2014
Mailing Address 121 Meadowview Drive			Amount	
City	State	Zip Code		30.00
Boone	NC	28607		: 4b25bed8-b1ed-4979-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	146434.73	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	tures		·	70.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
			4	4
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 06	2014
Signature				

Schedule E)	LIVI EXI ENE	ATTOTILES	PAGE 9 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			07 03 / 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	5.70
Boone	NC	28607	Transaction ID : 3db57a06-5259-4761-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			07
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	55.00
Spindale	NC	28160	Transaction ID: 609576a7-74d8-4623-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		60.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	EXI END	ITOTILO		PAGE 10 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amend	ds report fi	led on Mam / Dad / Yayayay
Full Name of Payee David Ford				Date of Public Distribution/Dissemination
Mailing Address 106 Hillside St				07 03 2014 Amount
City	State	Zip Code		12.63
Spindale	NC	28160		Transaction ID : cab6f443-ff9e-49d2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Supp	port Of	fice Sought: House District: 00
Ms. Kay Hagan		Х Орр		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	46434.73		sbursement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Ky Broussard				07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 301 N Cedar Street				Amount
City	State	Zip Code		47.50
Abbeville	LA	70510		Transaction ID : 70dbd2d0-2c23-451e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 D D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate		Sup	port O	ffice Sought: House District: 00
Ms. Mary L Landrieu		X Opp	oose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	48481.93		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			·····•	60.13
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
			ŕ	7 7 7
(c) TOTAL Independent Expenditures			······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 06 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

Schedule E)		iiti EXI END			PAGE 11 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak (Out PAC				C C00530766
					0 00000700
Check if 24-hour re	port X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee				Date of	of Public Distribution/Dissemination
Ky Broussard				M	07 03 7 2014
Mailing Address 301	N Cedar Street			Amou	nt
City		State	Zip Code		15.00
Abbeville		LA	70510		action ID: d9b509f9-8fee-44cd-b of Disbursement or Obligation
Purpose of Expendit Mileage	ure		Category/ Type 002	M	07 03 7 2014
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu	1		Oppose	Preside	
Calendar Year-T Per Election for			48481.93	Disbursemen 2014 O	t For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Theresa A Tou	ıchet			N	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1	02 French Street #3				07 03 2014
				Amou	nt
City		State	Zip Code		22.50
New Orleans		NC	70124	Transa Date	oction ID : c8f99751-647a-4d8d-b of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		07 03 / 2014
Name of Federal Ca	ındidate		Support	Office Sough	it: House District:00
Ms. Mary L Landrieu	l 		X Oppose	Preside	
Calendar Year-T Per Election for			48481.93	Disbursemen 2014	ther (specify) ►
(a) SUBTOTAL of Ite	mized Independent Expendi	tures		▶	37.50
(b) SUBTOTAL of Ur	nitemized Independent Exper	nditures			
(c) TOTAL Independe	ent Expenditures			·· •	7 7 7
with, or at the reques		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	y Buchanan	[Electro)	nically Filed] Date	e 07	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Theresa A Touchet	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 102 French Street #3	Amount
	City State Zip Code	1.20
	New Orleans NC 70124	Transaction ID : 8febe060-925b-4d5f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 48481.93 2014	ursement For: Primary X General
	Tel Election for Office Sought	U Other (specify) ▶
	Full Name of Payee Roman Rys	Date of Public Distribution/Dissemination
	Mailing Address 635 Lotarche St	07 03 2014 Amount
	City State Zip Code	25.00
	Greenville NC 27858	Transaction ID : d03bd747-95e3-44f5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 03 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	26.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		06 2014
	Signature	
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OF

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Schedule E)	I EXI END	TOTILO		PAGE 13 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Roman Rys			M M /	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 635 Lotarche St			Amount	
City	State	Zip Code		5.40
Greenville	NC	27858		0 : 1e4b4ffa-69c7-4cfc-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, 1	46434.73	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sierra Lovell			07 /	03 / 2014
Mailing Address 1059 Overlord Stage road			Amount	
City	State	Zip Code		50.00
Rayville	LA	71269		: 3674fd11-13ad-4b8c-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	48481.93	Disbursement For: 2014 Other (spe	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expenditure	es			55.40
			7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 06	2014
- 9				

Schedule E)	LIVI EXI LIVI	JII OII LO	PAGE 14 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sierra Lovell			07
Mailing Address 1059 Overlord Stage road			Amount
City	State	Zip Code	12.00
Rayville	LA	71269	Transaction ID : f698b8d5-31d7-4a92-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	48481.93	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			07 03 / 2014
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID : dfc910ea-11b4-449d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	14373.91	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		42.00
(b) CURTOTAL of Unitersized Independent Function	us alida aura a		
(b) SUBTOTAL of Unitemized Independent Expe	naitures		
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 06 7 2014
- 3			

Women Speak Out PAC C coos30766	oonedale Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Reagan Brackett Mailing Address 502 E Center Ave City State Zip Code Mr. Mark L Pryor Calegory AR 72143 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Milling Address 2357 Fancy Cap Rd City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mr. Mark Depose Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salany City State Zip Code Mr. Kary NC 27030 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election	women Speak Out PAC		C C00530766
Reagan Brackett Mailing Address 502 E Center Ave City State Zip Code AR 72143 Transaction ID: 6e156623-df33-4940-9 Date of Disbursement of Collegation Mileage Name of Federal Candidate Mr. Mark L Pryor Support Office Sought 14373.91 Date of Disbursement For: Primary General Per Election for Office Sought 14373.91 Disbursement of Collegation Mileage President Senate State: AR Primary General Disbursement For: Primary General Disbursement For: Primary General Per Election for Office Sought 14373.91 Date of Public Distribution/Dissemination Mileage President Senate State: AR Primary General Disbursement For: Primary General Per Election for Office Sought Salary NC 27030 Transaction ID: 53556cc5-3670-4da0-8 Date of Public Distribution/Dissemination Mileage President Senate State: AR Disbursement for Collegation Mileage President Senate State: NC Disbursement for Collegation Mileag	Check if 24-hour report X 48-hour report New re	port Amends report filed	
Mailing Address 502 E Center Ave City State Zip Code AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 14373.91 Full Name of Payee Mt. Airy State Zip Code President Safety Amount City State Zip Code President Amount Office Sought Amount Office Sought State State AR On Transaction ID: 66158623-df83-4940-9 Disbursement For: Primary General Disbursement For: Primary General Office Sought Amount Office Sought Office Sought Office Sought Office Sought State State Office Sought Office Soug			Date of Public Distribution/Dissemination
City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Do2 Transaction ID : 6e158623-df63-4940-9 Date of Disbursement or Obligation Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 2357 Fancy Cap Rd City State Zip Code Mr. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Oo1 Type Oo1 Transaction ID : 59356c5-6670-4da0-8 Date of Disbursement For: Primary Ceneral Amount City State Zip Code Mr. Airy NC 27030 Transaction ID : 53356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 53356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 53356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 53356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement or Obligation Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement For: Primary Mr. Amount Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement For: Primary Mr. Amount Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement For: Primary Mr. Amount Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement For: Primary Mr. Amount Transaction ID : 5356c5-6670-4da0-8 Date of Disbursement For: Primary Mr. Amount Transactio			
Searcy AR 72143 Purposa of Expenditure Mileage Category/ 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Category/ 002 Foreign of Expenditure Mileage Transaction ID : 6e15823-df83-4940-9 Date of Disbursement or Obligation Or 03 2014 Name of Federal Candidate Mr. Mark L Pryor Category/ 001 Full Name of Payee Mrs. Tonya Boyd Mailing Address 2357 Fancy Cap Rd Amount City State Zip Code Mr. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ns. Kay Hagan Oppose Transaction ID : 6e15823-df83-4940-9 Date of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Office Sought Transaction ID : 6e15823-df83-4940-9 Date Office Sought T	Mailing Address 502 E Center Ave		Amount
Searcy AR 72143 Purposa of Expenditure Mileage Category/ 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Category/ 002 Foreign of Expenditure Mileage Transaction ID : 6e15823-df83-4940-9 Date of Disbursement or Obligation Or 03 2014 Name of Federal Candidate Mr. Mark L Pryor Category/ 001 Full Name of Payee Mrs. Tonya Boyd Mailing Address 2357 Fancy Cap Rd Amount City State Zip Code Mr. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ns. Kay Hagan Oppose Transaction ID : 6e15823-df83-4940-9 Date of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Of Pulse Distribution/Dissemination Transaction ID : 6e15823-df83-4940-9 Date Of Date Office Sought Transaction ID : 6e15823-df83-4940-9 Date Office Sought T	City State	Zip Code	5.07
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ms. Tonya Boyd Mt. Airy NC Z7030 Malling Address Z357 Fancy Cap Rd City State Zip Code Mt. Airy NC Z7030 Transaction ID: 535a6cc5-a676-4da6-8 Date of Disbursement or Obligation Purpose of Expenditure Salary NC Z7030 Ms. Kay Hagan Name of Federal Candidate Support Office Sought: House District: Amount Transaction ID: 535a6cc5-a676-4da6-8 Date of Disbursement or Obligation Transaction ID: 535a6cc5-a676-4da6-8 Date of Disbursement or Obligation Transaction ID: 535a6cc5-a676-4da6-8 Date of Disbursement or Obligation Transaction ID: 505a6cc5-a676-4da6-8 Date of Public Disbursement or Obligation Transaction ID: 505a6cc5-a676-4da6-8 Date of Public Disbursement or Obligation Transaction ID: 505a6cc5-a676-4da6-8 Date of Public Disbursement or Obligation Transaction ID: 505a6		•	Transaction ID : 6e158623-df83-4940-9
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Personal Primary General Amount Transaction ID: 535a6cc5-a670-4da0-8 Date of Dublic Distribution/Dissemination ### 75 # 03 # 2014 ### 75 # 03 # 2014 Amount City State Zip Code Mt. Airy NC 27030 Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation ### 77 # 03 # 2014 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 146434.73 Disbursement For: Primary General Cother (specify) ▶ ### 80.07 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. #### Ms. Emily Buchanan IElectronically Filed Date O77 O6 2014			M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd City State Zip Code Mt. Airy NC 27030 Mt. Airy NC 27030 Transaction ID: 535a6cc5-a670-4da0-B Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Transaction ID: 535a6cc5-a67	Mr. Mark L Pryor		
Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Ms. Emily Buchanan Date of Public Distribution/Dissemination M			
Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate Support Type 001 Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: Senate State: NC Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: Senate State: NC Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Full Name of Payer		
Mailing Address 2357 Fancy Cap Rd Amount City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Salary Name of Federal Candidate State Support Ms. Kay Hagan Name of Federal Candidate State State: NC Disbursement For: Primary General 2014 Per Election for Office Sought 146434.73 Calendar Year-To-Date Per Election for Office Sought 146434.73 (a) SUBTOTAL of Itemized Independent Expenditures Post of Expenditures Po			M = M / D = D / Y = Y = Y
Mt. Airy NC 27030 Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegory/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Office Sought: House District: OD President Senate State: NC Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 2357 Fancy Cap Rd		
Mt. Airy NC 27030 Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegory/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 535a6cc5-a670-4da0-8 Date of Disbursement or Obligation Office Sought: House District: OD President Senate State: NC Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State	Zip Code	75.00
Purpose of Expenditure Salary Category/ Type	Mt. Airy NC	27030	
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC			M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought 146434.73 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan	X Oppose	President State: NC State:
(b) SUBTOTAL of Unitemized Independent Expenditures	•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 O6 2014	(a) SUBTOTAL of Itemized Independent Expenditures	·····	80.07
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 Date	(c) TOTAL Independent Expenditures	·····	
[Electronically Filed] Date 07 06 2014	with, or at the request or suggestion of, any candidate or authorize		
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Sch	nedule E)	1101120		PAGE 16 OF 49 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC			C00530766
Chec	ck if 24-hour report X 48-hour report New report	ort Amends repor	t filed on	D = D / Y = Y = Y
	Full Name of Payee		Date of Public	Distribution/Dissemination
	Ms. Tonya Boyd		07 /	03 / 2014
I IV	Mailing Address 2357 Fancy Cap Rd		Amount	
	City State	Zip Code		12.60
	Mt. Airy NC	27030		D: d15840f0-e01c-4885-a rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07	03 / 2014
Ν	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	46434.73	Disbursement For: 2014 Other (specific	Primary
	Full Name of Payee		Date of Public	Distribution/Dissemination
	FedEx Office		M = M /	02 / 7 7 7 7 7
	Mailing Address 3815 Veterans Blvd		07	03 2014
	O JOID VEICIAIIS DIVI		Amount	
	City State	Zip Code		675.39
	Metairie LA	70002	Transaction ID Date of Disbu	: 9acfef64-e30d-4b16-a rsement or Obligation
	Purpose of Expenditure Flyers	Category/ Type 006	07	03 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	48481.93	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		>	687.99
(b	o) SUBTOTAL of Unitemized Independent Expenditures		•	
(c	c) TOTAL Independent Expenditures		•	
wit	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	ically Filed] Date	07 / D D D D D D D D D D D D D D D D D D	2014
	Signature	_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Petrina Williams	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	51.50
	Greensboro NC 27407	Transaction ID: 0533e134-a287-4d92-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 146434.73 Disbut 146434.73	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Petrina Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	07 03 2014 Amount
	City State Zip Code	13.50
	Greensboro NC 27407	Transaction ID: 013db0c1-2dd5-4313-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) (' 11 F) 11	7 06 2014
	Signature	المنتقدا التدا

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	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on	Υ
Full Name of Payee	Date of Public Distribution/Dissemination	n
Evelyn Lesaicherre	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 629 Radiance Ave	Amount	
City State	te Zip Code 40.00	0
Metairie LA	Transaction ID: 6038feb6-2fdd-4d11-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001 07 03 / 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00)
Ms. Mary L Landrieu	Oppose President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X Gene 2014 Other (specify) ▶	eral
Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave	Date of Public Distribution/Dissemination M 07	
City State	te Zip Code 2.10	П
Metairie LA		_
Purpose of Expenditure Mileage	Category/ Type 002 07 03 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
Ms. Mary L Landrieu	Oppose President Senate State:	·
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General Primary Primary Other (specify) ►	eral
(a) SUBTOTAL of Itemized Independent Expenditures	42.10	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
	penditures reported herein were not made in cooperation, consultation, or conce authorized committee or agent of either, or (if the reporting entity is not a politic t.	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07 06 2014	
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Schedule E)	. OI MOLI LIVOLIV	. EXI END	TOTILO			PAGE 19 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In						ENTIFICATION NUMBER ▼
Women Speak Out	PAC					C00530766
						500000700
Check if 24-hour report	X 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y = Y
Full Name of Payee	_			Date	of Public	Distribution/Dissemination
Chris McCoy				[07	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 C	ayley Ct			Amo	ount	
City		State	Zip Code			85.00
High Point		NC	27260			D: c3a8d90c-b93b-44ce-9 rsement or Obligation
Purpose of Expenditure Salary			Category/ Type 002		M M / 07	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	ate		Support	Office Soug	aht:	House District:00
Ms. Kay Hagan			X Oppose	Presi		NO.
Calendar Year-To-Da Per Election for Offi		1	146434.73	Disburseme 2014	ent For: (Primary
Full Name of Payee						Distribution/Dissemination
Chris McCoy					M M /	03 / 2014
Mailing Address 1025	Cayley Ct				-	03 2014
				Amo	ount	
City		State	Zip Code			14.10
High Point		NC	27260	Trans Date	saction ID e of Disbur	: b00af2c3-c82c-4f8f-a rsement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		07 /	03 / Y Y Y Y Y Y 2014
Name of Federal Candid	late		Support	Office Sou	ght:	House District: 00
Ms. Kay Hagan			X Oppose	Presi	ident >	Senate State: NC
Calendar Year-To-Da Per Election for Off			146434.73	Disburseme 2014	ent For: Other (spe	Primary ☐ General
(a) SUBTOTAL of Itemize	ed Independent Expenditure	÷S		···· >		99.10
(b) SUBTOTAL of Uniter	nized Independent Expendit	ures		.		
() TOTAL to dependent [
(c) TOTAL Independent E	Expenditures			···· }	-	
with, or at the request or		ate or authorized				on, consultation, or concert rting entity is not a political
Ms. Emily Buc	chanan	[Electron	ically Filed] Da	te 07	06	2014
Signature			_			

Schedule E)		ZXI ZIVDI	TOTTLO				PAGE 20 FOR SE OF FO	OF 49 RM 24/48
NAME OF COMMITTEE (In Full)	_					FEC II	DENTIFICATION	
Women Speak Out PA	vC						C00530766	
Check if 24-hour report	48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M /	D D / Y	- Y - Y - Y
	<u> </u>							
Full Name of Payee Navin Sadhwani					D	ate of Public	Distribution/Diss	semination 2014
Mailing Address 3751 Red C	ypress Dr				A	mount		
City	St	ate	Zip Code		— r			60.00
New Orleans	l	_A	70131				ID : de512cca-d0 ursement or Oblig	
Purpose of Expenditure Salary			Category/ Type	001		07	03 / Y	2014 Y
Name of Federal Candidate				Support	Office So	ought:	House Dist	rict:00
Ms. Mary L Landrieu			X	Oppose	Pro	esident	Senate St	ate: LA
Calendar Year-To-Date Per Election for Office S	ought		48481.93		Disburse 2014	ment For: Other (sp		X General
Full Name of Payee					D	ate of Publi	c Distribution/Dis	semination
Sharon Lloyd						07	/ D D / Y	2014
Mailing Address 4301 Lank	dford					O/	00	2014
					Α	mount		
City	St	tate	Zip Code		— I [80.00
Springdale	,	AR	72762		Tra	ansaction II ate of Disbu	D: 3b2940f8-cb3 ursement or Oblig	f-4026-9 gation
Purpose of Expenditure Salary			Category/ Type	001		07	03	2014
Name of Federal Candidate				Support	Office S	ought:	House Dist	rict:00
Mr. Mark L Pryor			X	Oppose	Pr	esident	Senate St	ate: AR
Calendar Year-To-Date Per Election for Office S	Sought		14373.9 ⁻	1	Disburse 2014	ement For: Other (sp	Primary Decify) ▶	General
(a) SUBTOTAL of Itemized In	dependent Expenditures				· •	7		140.00
(b) SUBTOTAL of Unitemized	Independent Expenditures	3			. •			
(c) TOTAL Independent Expen	nditures				•		1 4	
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	estion of, any candidate of	or authorized						
Ms. Emily Buchana	n	[Electroni	cally Filed]	Date	07	/ DID 06	/ Y Y Y Y 2014	Y
Signature			_	24.0			-ندا	

Schedule E)	EXI END	II OII EO		PAGE 21 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends r	eport filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Sharon Lloyd				Date of Public Distribution/Dissemination
Mailing Address 4301 Lankford				07 03 2014 Amount
City	State	Zip Code		8.46
Springdale	AR	72762		Transaction ID: 637a44c8-2de0-413b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 0	002	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	14373.91	Disbur 2014	rsement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Ethan Cranford				07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Caleb Drive				Amount
City Searcy	State AR	Zip Code 72143		11.50 Transaction ID: b3621793-4a2b-42a9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	01	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	14373.91	Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		······ >	19.96
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		······ >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	Date 07	
Signature			_	

Schedule E)	0111 01 111021 211	DEITT EXI END	II OILEO		PAGE 22 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour repor	rt New rep	oort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Pay Ethan Cran	_{/ee} ford				of Public Distribution/Dissemination
	2012 Caleb Drive				07 03 / 2014
				Amoui	nt
City		State	Zip Code		1.50
Searcy	-	AR	72143		action ID: e00fa3d9-bd37-4055-a of Disbursement or Obligation
Purpose of Expe Mileage	nditure		Category/ Type 002	M	07
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Ye Per Election	ar-To-Date for Office Sought		14373.91	Disbursement 2014 O	t For: Primary ⊠ General
Full Name of Pag				Date of	of Public Distribution/Dissemination
Saige Ande	rson			M	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	PO Box 424			Amou	
				Alliou	
City Searcy		State AR	Zip Code 72145		11.50 ction ID : f27537ec-a043-40d9-9
Purpose of Expe	nditure		Catagory	Date of	of Disbursement or Obligation
Salary			Category/ Type 001		07 / 03 / 2014
Name of Federal			Support	Office Sough	
Mr. Mark L Pryor			X Oppose	Preside	
Calendar Ye Per Election	ar-To-Date for Office Sought		14373.91	Disbursemen 2014 O	t For:
_					
(a) SUBTOTAL of	Itemized Independent Expe	nditures		•	13.00
(b) SUBTOTAL of	Unitemized Independent Ex	penditures		•	
(c) TOTAL Indepe	endent Expenditures			· •	7 1 7 1 7
with, or at the req		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	mily Buchanan	[Electron	nically Filed] Date	9 07	06 / 2014
Signature					

Schedule E)	VI EXI END	TIONES	PAGE 23 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Saige Anderson			07
Mailing Address PO Box 424			Amount
City	State	Zip Code	1.50
Searcy	AR	72145	Transaction ID : 0b7748f6-cdb9-4124-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	14373.91	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ee1b2d6b-5295-459e-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 03 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	48481.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	roo		5150
(a) SUBTUINE OF REMIZED INDEPENDENT EXPENDING	165		51.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 06 2014
5.g.iataro			

Schedule E)	INT EXICINE	JITONES	PAGE 24 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	29.10
Ville Platte	LA	70586	Transaction ID: e41a6c6f-eac1-45a4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	20.00
charlotte	NC	28227	Transaction ID: b0196314-9624-4075-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- 5 5	48481.93	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		49.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures)
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	VI EXI ENE	TI OTILO	PAGE 25 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	15.00
charlotte	NC	28227	Transaction ID : 96fea949-789c-41ae-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	48481.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Paul Rickert			07 03 / 2014
Mailing Address 710 St. Martins Lane			Amount
City	State	Zip Code	15.00
Bossier City	LA	71111	Transaction ID: bd75047c-9213-4a79-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	48481.93	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		30.00
(L)			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 7 2014
5.g.iataro			

Schedule E)	ENT EXILIN	DITORLO	PAGE 26 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Paul Rickert			07
Mailing Address 710 St. Martins Lane			Amount
City	State	Zip Code	3.60
Bossier City	LA	71111	Transaction ID: a49d510f-73bf-424d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			07
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	50.00
Greensboro	NC	27407	Transaction ID : 2a0eba2f-aba0-47e9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		53.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed o	on Mam / Dad / Yayayay
	Date of Public Distribution/Dissemination
Phillip Williams	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	6.00
Greensboro NC 27407	Transaction ID : ccf85574-bb98-47b9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 03 7 2014
Name of Federal Candidate Support Office	Sought: House District:00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee	
Lauren Biviano	Date of Public Distribution/Dissemination 07 03 03 07
Mailing Address 615 Greenwood Drive	Amount
City State Zip Code	25.00
Searcy AR 72143	Fransaction ID: d222e8e8-61ab-45fd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 03 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	M / 06 / 2014
Signature	النتا ليا ا

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Sch	nedule E)	,XI ENDI	101120				PAGE 28 OF 49 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	≺ New repo	ort Arr	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee				Date	of Dubli	c Distribution/Dissemination
	Lauren Biviano				Date	M M M	Distribution/Dissemination / 03
N	Mailing Address 615 Greenwood Drive				Amo	ount	
	City Sta	ate	Zip Code				3.30
		AR	72143				ID: 5046a3ce-fe7e-40f4-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type		$\exists \mid \mid$	07	03 / 2014
1	Name of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		14373.91		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Beverly Williams				Date	e of Publi	c Distribution/Dissemination
- [-,	A district					07	03 2014
	Mailing Address 3007 Darden Rd				Amo	ount	
	City Sta	ate	Zip Code				50.00
		NC	27407		Tran Date	saction II e of Disbu	D: a38d048e-8ad2-4131-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type		$\exists \mid \mid$	07	03 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan			Oppose		•	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		146434.7	3	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures						53.30
•	, , ,						
(b	b) SUBTOTAL of Unitemized Independent Expenditures				• •		4
(с	c) TOTAL Independent Expenditures				•	-7-	
wi	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 07	06	/ Y Y Y Y Y 2014
	Signature		_				

Sc	hedule E)	01120		PAGE 29 OF 49 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
			M = M	/ D D / Y Y Y Y
_	ck if 24-hour report X 48-hour report New report	Amends repor	t filed on	
	Full Name of Payee Francis Richardson		Date of Pu	blic Distribution/Dissemination / DDD / YDY YDY YDY YDY YD YD YD YD YD YD YD YD
Ī	Mailing Address 220 Doucet Rd		Amount	
ŀ	City State Zi	ip Code		30.00
		70503		on ID : 5fdc3c0b-3d78-4c2c-b sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07	03 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 48	3481.93	Disbursement For 2014 Other	r: Primary X General (specify) ▶
ſ	Full Name of Payee		Date of Pu	ublic Distribution/Dissemination
1	Francis Richardson		M M M	03 2014
ľ	Mailing Address 220 Doucet Rd		- 0.	2011
1			Amount	
ŀ	City State Z	ip Code		2.70
	y	70503	Transaction Date of Di	n ID: 5537bb36-fa6e-45a6-b sbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07	03 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	48481.93	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		>	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures		.	7
W	Inder penalty of perjury I certify that the independent expenditures revith, or at the request or suggestion of, any candidate or authorized carty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronica	ally Filed] Date	07 / D	
	Signature			

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak C	JUL PAC					C	C00530766	
Check if 24-hour rep	port X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D = D /	Y W Y W Y
Full Name of Payee					Dat	e of Pub	olic Distribution/	Dissemination
Kenny Wallis						M = M 07	03	2014
Mailing Address 641	2 Osage Dr				Am	ount		
City		State	Zip Code					15.00
North Little rock		AR	72116				n ID: 0aebad46 bursement or 0	
Purpose of Expenditu Salary	ure		Category/ Type	001		07	03	2014
Name of Federal Car	ndidate			Support	Office Sou	ıght:	House	District: 00
Mr. Mark L Pryor			\times	Oppose	Pres	sident	X Senate	State: AR
Calendar Year-To Per Election for		, , ,	14373.91		Disbursem 2014		Primary specify) ▶	General
Full Name of Payee Kenny Wallis Mailing Address 6	412 Osage Dr						blic Distribution	/Dissemination
City		State	Zip Code		<u> —</u> г			0.90
North Little rock		AR	72116				ID: beda7c93	-61f6-425d-a
Purpose of Expenditu Mileage	ure		Category/ Type	002		07	03	2014
Name of Federal Car	ndidate			Support	Office Sou	ıght:	House	District:00
Mr. Mark L Pryor			\times	Oppose	Pres	sident	X Senate	State: AR
Calendar Year-To Per Election for		, , ,	14373.9	1	Disbursen 2014		Primary	General
(a) SUBTOTAL of Iter	nized Independent Expenditure	s			•		T 1 7	15.90
(b) SUBTOTAL of Uni	itemized Independent Expenditu	ures			• •		-	
(c) TOTAL Independe	nt Expenditures				•		7	
with, or at the request	ary I certify that the independe or suggestion of, any candida political party committee or its	te or authorized						
Ms. Emily	Buchanan	[Electron	ically Filed]	Date	07	/ 06	201	
Gigilatule								

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State	e Zip Code 75.00
Mt. Airy NC	Transaction ID : 7f17c276-aaf7-4450-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 07 03 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount 07 03 2014
City State	te Zip Code 12.39
Mt. Airy NC	Transaction ID : af999ff6-151e-4ec5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 07 03 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	87.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political .
Ms. Emily Buchanan	[Electronically Filed] Date 07 06 2014
Signature	

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Schedule E)				PAGE 32 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Oharla 17	N. N		M M	/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	irt filed on	
Full Name of Payee Xavier Miller			Date of Publ	ic Distribution/Dissemination
Mailing Address 407 randall Dr			Amount	2014
City	State	Zip Code		30.00
Searcy	AR	72143		ID: 91846ec9-eee4-402d-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		14373.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Peter Sahuc			07	03 2014
Mailing Address 107 Phillip Ave			Amount	
- City	Chata	Zin Code		45.00
City Lafayette	State LA	Zip Code 70503	Transaction I	15.00 D: be78dfb5-f133-40a2-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 O7	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures			45.00
(4) 332 331 2 31 101112 1112 1112 1112			7	10.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		• •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	07 06	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	LIVI EXI EIV	DITORLO	PAGE 33 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			07 03 7 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	30.00
Searcy	AR	72149	Transaction ID: 588293e8-51a8-440c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		14373.91	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Nugent			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2 White Oak Court			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID: 6d2dcbc6-07e6-43d4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 04 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		14373.91	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		60.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(4,			45. 45. 45.
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	VI EXI EIVE	TIONES	PAGE 34 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Nugent			07
Mailing Address 2 White Oak Court			Amount
City	State	Zip Code	2.11
Searcy	AR	72143	Transaction ID: d7882885-dfc2-4c33-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	14373.91	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	40.00
charlotte	NC	28227	Transaction ID: 8611f9fb-e2d2-42fe-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	48481.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		42.11
			7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	EXI END			PAGE 35 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y
Full Name of Payee Amanda Boley				f Public Distribution/Dissemination
Mailing Address Split Oak Drive				07 04 2014
			Amoun	
1 7	State	Zip Code		22.26
charlotte	NC	28227		f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 04 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement 2014 Ot	For: Primary ⊠ General
Full Name of Payee				of Public Distribution/Dissemination
Brooke Graphia			M	M / D D / Y Y Y Y
Mailing Address 2306 Brownlee Rd.			_ L	07 04 2014
2300 DIOWINES NU.			Amour	nt
City	State	Zip Code		10.00
Bossier City	LA	71111	Transac Date o	ction ID : 82fcffae-4367-4880-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 D 04 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement 2014 Ot	For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditures.			· •	32.26
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	ENT EXILEN	DITORLO	PAGE 36 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brooke Graphia			07 04 7 2014
Mailing Address 2306 Brownlee Rd.			Amount
City	State	Zip Code	0.63
Bossier City	LA	71111	Transaction ID: 4f716607-d53f-4d20-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Rachelle Doucet			Date of Public Distribution/Dissemination
			07 04 7 2014
Mailing Address 73 Catalpa Trace			Amount
City	State	Zip Code	10.00
Covington	LA	70433	Transaction ID : cf2f1bd0-a90f-414a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		10.63
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	120	PAGE 37 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	
Full Name of Payee Paul Rickert	Da	ate of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane		07 04 2014
710 St. Martins Lane	Ar	mount
City State Zip (Code	35.00
Bossier City LA 7111		ransaction ID : c9de5bfd-5c65-4e6d-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Cat	regory/ Type 001	07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu	X Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought 4848		ment For:
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Paul Rickert		07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 St. Martins Lane	A	mount
City State Zip of	Code	1.20
Bossier City LA 711	11 Tra	ansaction ID : ab48fb32-9013-46f9-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	regory/ Type 002	07
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 4	8481.93 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 4 1 4 1 6
(c) TOTAL Independent Expenditures	· ·	
Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 07	06 2014
Signature		

Schedule E)	PAGE 38 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	report filed on
Full Name of Payee	Date of Public Distribution/Discomination
Lisa Booth	Date of Public Distribution/Dissemination 07 04 2014
Mailing Address 1434 South Avenue	Amount
City State Zip Code	60.00
Eden NC 27288	Transaction ID : 39196e4a-0a28-4a33-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	001 07 04 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
<u> </u>	07 04 2014
Mailing Address 1434 South Avenue	Amount
City State Zip Code	7.80
Eden NC 27288	Transaction ID : 5c2394c8-9b67-472e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type OC	02 M 07 / 04 / Y 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	·····
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 06 2014
Signature	

Schedule E)	DENT EXTEND			PAGE 39 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M - M	/ D D / Y Y Y
Check if 24-hour report X 48-hour re	port New rep	ort Amends repo	rt filed on	
Full Name of Payee Peter Sahuc				ublic Distribution/Dissemination
Mailing Address 107 Phillip Ave			07 ^M	04 2014
Mailing Address 107 Phillip Ave			Amount	
City	State	Zip Code		17.50
Lafayette	LA	70503		on ID: 89b762ff-e2db-4f18-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement Fo 2014 Other	r: Primary
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Chris McCoy			07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		80.00
High Point	NC	27260	Transactio Date of D	n ID : c6cd148b-d1d1-4b83-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement Fo 2014 Other	r:
	_			
(a) SUBTOTAL of Itemized Independent Ex	cpenditures		•	97.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		06 2014
Signature				

Schedule E)	PAGE 40 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Chris McCov	of Public Distribution/Dissemination
	07 04 2014
Amour	nt
City State Zip Code	9.30
Date of	action ID : bed0b50d-e7a6-4cb1-b of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office Sought	t: House District:00
Ms. Kay Hagan Oppose Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 On	t For: Primary
	of Public Distribution/Dissemination
Edwin H Parnell	07
Mailing Address 122 Olde Point Rd	07 04 2017
Amoun	nt
City State Zip Code	35.00
Date of	oction ID: 28ff62ef-9ea6-4777-b of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 04 / 2014
Name of Federal Candidate Support Office Sough	t: House District:00
Ms. Kay Hagan Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014 O	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	44.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	XI ENDITORIES	PAGE 41 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report f	iled on DDD / YBYBY
Full Name of Payee Edwin H Parnell		Date of Public Distribution/Dissemination
Mailing Address 122 Olde Point Rd		07 04 2014 Amount
City Sta	te Zip Code	5,40
Hampsted No.	•	Transaction ID : 257c9c14-5409-4edb-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St		Amount
City Sta	te Zip Code	40.00
Ville Platte	•	Transaction ID : 78bd3ea9-05d8-4442-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 04 7 2014
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General General General General General
(a) SUBTOTAL of Itemized Independent Expenditures		45.40
(-,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	07 06 2014
Signature		

Schedule E)	EXI EIVE	TOTILO		PAGE 42 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	art filed on	= M / D = D / Y = Y = Y
	New Tepo	Amenda Tepo	I liled on	
Full Name of Payee Christopher Marquess				of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			Amou	
City	State	Zip Code	— L.	29.40
Ville Platte	LA	70586		action ID : 5ade7f6e-b10e-452a-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 04 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
The Lukens Company			IV	07 03 2014
Mailing Address 2800 Shirlington Road			A	
9th Floor			Amou	nı
City	State	Zip Code		3087.25
	VA	22206	Transa Date	of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006		07 / 03 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	3116.65
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	07	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	PAGE 43 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ 0 0 / 7 7 7 7
The Lukens Company	Public Distribution/Dissemination
	07 03 2014
9th Floor	t
City State Zip Code	4270.75
Arlington VA 22206 Transac	ction ID: b08d06a1-4787-4488-b Disbursement or Obligation
Purpose of Expenditure Category/	07 03 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	ΙΔ
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary
	f Public Distribution/Dissemination
	07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Shirlington Road Amount	t
9th Floor	
City State Zip Code Arlington VA 22206 Transac	4270.75 tion ID : ecc9ef5a-932c-43f5-8
Purpose of Expenditure	f Disbursement or Obligation
Category/	07 03 2014
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Kay Hagan Oppose Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8541.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	06 2014
Signature	

Schedule E)	VI EXI EIVE	TIONES	PAGE 44 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			07 04 7 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	45.00
Kenner	LA	70065	Transaction ID : fe6e6136-c150-4a71-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	48481.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			07
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	6.54
Kenner	LA	70065	Transaction ID: e302059c-3a3b-459f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	48481.93	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 51.54
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			

Schedule E)	IVI EXI EIVE	TI OILO	PAGE 45 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			07 04 2014 Amount
			Amount
City	State	Zip Code	20.00
Lafayette	LA	70503	Transaction ID: cd8fcd09-0920-4496-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	48481.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	1.53
Lafayette	LA	70503	Transaction ID : 36ef25d4-cb7b-4989-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 21.53
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 7 2014
Olynatule			

Schedule E)	LIVI EXI ENE	TI OTILO	PAGE 46 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	75.00
Mt. Airy	NC	27030	Transaction ID : f01d058b-1bbc-463d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	146434.73	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			07
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	12.60
Mt. Airy	NC	27030	Transaction ID : efadec6b-1327-44f2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		▶ 87.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Sc	chedule E)		PAGE 47 OF 49 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
 Ch	neck if 24-hour report X 48-hour report New report Amends re	report filed on	M = M / D = D / Y = Y = Y
_	Full Name of Payee	Dat	te of Public Distribution/Dissemination
	Matthew Manuel	Dai	or Public Distribution/Dissemination
	Mailing Address 1392 Lee Street	Am	ount
Ì	City State Zip Code		40.00
	Ville Platte LA 70586		insaction ID: 45521de9-4c97-4ae5-b te of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 00	001	07 04 / 2014
	Name of Federal Candidate Support	t Office Sou	ight: House District: 00
	Ms. Mary L Landrieu Oppose		sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 48481.93	Disbursem 2014	nent For: Primary
	Full Name of Payee	Dat	te of Public Distribution/Dissemination
	Matthew Manuel		07 04 2014
	Mailing Address 1392 Lee Street		
		Am	nount
	City State Zip Code		14.40
	Ville Platte LA 70586	Tran Dat	nsaction ID : 15a67365-65de-40ba-b te of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type OC	02	M 07
	Name of Federal Candidate Support	rt Office Sou	ught: House District: 00
	Ms. Mary L Landrieu Oppose		sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 48481.93	Disbursem 2014	nent For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	····· 	54.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	····· 	7 7 7 7
	(c) TOTAL Independent Expenditures	····· •	
1	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] D	Date 07	/ D D / Y Y Y Y Y Y O Y O O O O O O O O O O O
	Signature		

Schedule E)	JENT EXILINE	TIONES	PAGE 48 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	75.00
Mt. Airy	NC	27030	Transaction ID : c36cede3-6c29-47f5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 04 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	146434.73	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	·		Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07 04 7 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	12.60
Mt. Airy	NC	27030	Transaction ID : c92e0eb3-46fa-4a7f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		146434.73	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		87.60
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.ga.a. 5			

Schedule E)	INI EXI ENL	JII OI LE	PAGE 49 OF 49 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee			Date of Public Distribution/Dissemination
Tarrin Lesaicherre			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	40.00
Metairie	LA	70001	Transaction ID : 0a61cd2b-f08b-4559-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tarrin Lesaicherre			07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	2.10
Metairie	LA	70001	Transaction ID : f20be516-0838-4bb5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		48481.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(a) SOBTOTAL STREETINGS INASPERGENT EXPONENT	uroo		72.10
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			14688.48
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 06 7 2014
- 3			